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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	06031P USA
First Named Inventor	Robert Sam Zorich
<b>COMPLETE IF KNOWN</b>	
Application Number	09/675,376
Filing Date	September 29, 2000
Group Art Unit	1746
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multiple Contents Container Assembly For Ultrapure Solvent Purging

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/213902	06/21/2000	
60/2157926	07/05/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application(s) filed in the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior art, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact business with the Patent and Trademark Office connected therewith:  Customer Number  →  
OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name

Additional registered practitioner(s) named on supplement

Direct all correspondence to:  Customer Number or Bar Code Label



sheet PTO/SB/02C attached hereto.

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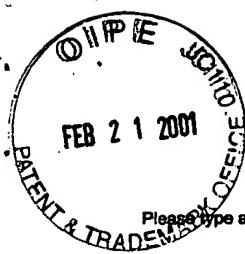
OR  Correspondence address below

Air Products and Chemicals, Inc.

Name			
Address			
Address			
City	State		ZIP
Country	Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like, so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)				Family Name or Surname			
Robert Sam				Zorich			
Inventor's Signature							Date
Residence: City	Carlsbad	State	CA	Country	USA	Citizenship	USA
Post Office Address	6735 Paseo Del Vista						
Post Office Address							
City	Carlsbad	State	CA	ZIP	92009	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



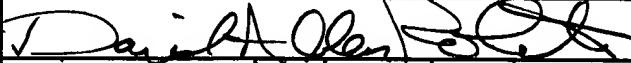
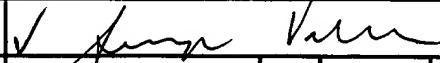
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
				Page <u>1</u> of <u>1</u>			
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
David Allen				Roberts			
Inventor's Signature					1/2/01	Date	<input checked="" type="checkbox"/>
Residence: City	Encinitas	State	CA	Country	USA	Citizenship	USA
Post Office Address	280 Country Haven Road						
Post Office Address							
City	Encinitas	State	CA	ZIP	92029	Country	USA
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
George Oleg				Voloshin			
Inventor's Signature					2/1/01	Date	
Residence: City	San Diego	State	CA	Country	USA	Citizenship	USA
Post Office Address	8344 Menkar Road						
Post Office Address							
City	San Diego	State	CA	ZIP	92126	Country	USA
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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